STATE OF CALIFORNIA – PERSONNEL ADMINISTRATION											•	• •	. / » . » ·					
TRAVEL EXPENSE CLAIM STD. 262 (REV. 7/2005)						See Instructions and *Privacy Statement On Reverse Side				Page			. Doggo					
STD. 262 (REV. 7/2005) CLAIMANT'S NAME							SSN or EMPLOYEE NUMBER*				Page,_ DEPAR	TMENT	Pages					
Ellen Feigal						2				CIRM								
POSITION CB/ID						1	DIVISION or BUREAU CIRM HEADQUARTERS ADDRESS 210 King Street						INDEX NUMBER					
VP of Research and Development RESIDENCE ADDRESS * CITY STATE ZIP CO						C												
						l							TELEPHONE NUMBER					
											07.175		(415) 396-9255					
ITY			ODE	San Francisco					STATE		ZIP CODE							
						S					CA		94107					
) MONTH/YEAR		(3)	(4)	(5)	MEALS		(6)	(7)	TRANSPORTATI		ION		(8)	(9)				
Apr	. 11	WHERE EXPENSES WERE INCURRED		BREAK-		O.T., L/T, N/C, RELO. OR	INCIDEN-			(C) CARFARE, TOLLS,	(D) PRIVATE CAR USE		BUSINESS	TOTAL EXPENSES				
ATE	TIME		LODGING	FAST	LUNCH	DINNER	TALS	TRANS.	USED	PARKING	MILES	AMOUNT	EXPENSE	FOR DAY				
4/01	16:34 21:00	Orlando, FL	223.88			18.53		42.20	Т					284.6				
4/02	8:00 21:00	Orlando, FL	223.88		5.75	12.76								242.3				
4/03	8:00 21:00	Orlando, FL	223.88	3.72	4.25	18.53								250.3				
4/04	8:00 15:00	Orlando, FL/Washington, DC	296.56	3.25	5.31			38.00	T				25.00	369.				
4/05	8:00 17:00	Washington, DC	296.56						-	-		· · · · · · · · · · · · · · · · · · ·		296.50				
4/06	8:00 17:00	Washington, DC	296.56									-		296.5				
4/07	8:00 19:19	Washington, DC	296.56			30.30								326.8				
04/08	16:00	Washington, DC						72.00	Т				_	72.0				
	10.00													0.0				
												w		0.0				
														0.0				
														0.0				
														0.0				
))							-							2,137				
,		SUBTOTALS	1,857.88	6.97	15.31	80.12	0.00	114.20		0.00	0	0.00	25.00	2,099.				
COL	UMN (CODE (ACCTG. USE ONLY)																
_		CLAIM TOTAL												2,137. 5 2 ,099. 4				
		CLAIM IOIAL									T (40) N	ORMAL WOF						
		, , , , , , , , , , , , , , , , , , ,						(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)										
	RPOSE (OF TRIP, REMARKS AND DETAILS (Att	-	ouchers wher	required)													
eim	RPOSE (OF TRIP, REMARKS AND DETAILS (Att	of R&D:		. ,	 A	iation fo		Dagas	nola 102	(13) Pi	RIVATE VEHI	CLELICENSI	NUMBER				
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